## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10664606

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(Column 1)		(Coiu	(Column 2)			 T	OR 7		
TOTAL OLAIMO			<i>W</i>		ļ			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 = 1		· 2			X43=		OR	X86=	172
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				ı	+145=		OR	+290=	
* If	the difference	in column 1 is	ess than zero, enter "0" in colu			olumn 2	į.	TOTAL		OR	TOTAL	942
CLAIMS AS AMENDED - PART II								!		•	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		ı	+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. 1-EE	
		CLAIMS		HIGH	EST .		Г	·	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	ı	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
								+145=		OR	+290=	
	•	Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)	•	(Colum	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			.000	
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	f the "Highest Nur	nber Previously Pa	id For" IN THIS	SPACE is	less than	1 20, enter "20."	Αſ	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Paid					foun	d in the app	ropriate box	in col	umn+1.	